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14 SEP 2005

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)**Attorney Docket Number**

BALD 0101 PCT

First Named Inventor

RICHARD GAPES, ET AL.

COMPLETE IF KNOWN**Application Number**

10 / 525,353

Filing Date

February 23, 2005

Group Art Unit**Examiner Name****As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Transesterification And Esterification Of Fatty Acids And Triglycerides By
Dispersion And Dispersion Method For The Production Of Fatty Acid
Methylesters

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

02/23/2005

as United States Application Number or PCT International

Application Number

10/525,353

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/AT2003/000242 A 1262/2002	Germany Austria	07/20/2002 08/23/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



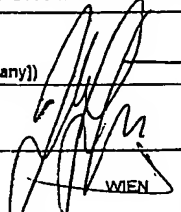
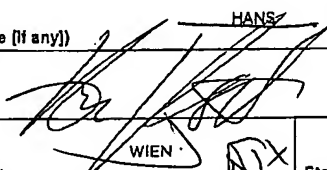
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

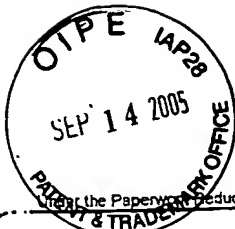
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	027256	OR <input checked="" type="checkbox"/>	Correspondence address below
ROBERT P. RENKE ARTZ & ARTZ, P.C. Name					
28333 TELEGRAPH ROAD SUITE 250 Address					
City		SOUTHFIELD		State	MI
ZIP		45034			
Country	U.S.A.		Telephone	248-223-9500	
Fax	248-223-9522				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		RICHARD		Family Name or Surname	
Inventor's Signature				Date 8.9.05	
Residence: City	WIEN		State	AUSTRIA	Citizenship
Mailing Address		MARIENSTELG 15/24			
City	WIEN		State	ZIP	A-1133
Country		AUSTRIA			
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		HANS		Family Name or Surname	
Inventor's Signature				Date 8.9.2005	
Residence: City	WIEN		State	AUSTRIA	Citizenship
Mailing Address		RUDOLF NUREJEV PROMENADE 9-21			
City	WIEN		State	ZIP	A-1220
Country		AUSTRIA			
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

(Page 2 of 2)

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/525,353
Filing Date	February 23, 2005
First Named Inventor	RICHARD GAPES, ET AL.
Title	Transdermal And Enteral Delivery Of Fatty Acids And Triglycerides By Dispersion And Dispersion Method For The Production Of Fatty Acid Medylesters
Art Unit	
Examiner Name	
Attorney Docket Number	BALD 0101 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

027256

OR

☐ Practitioner(s) named below:

Name	Registration Number

I authorize my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I sign the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	RICHARD GAPES	Date	6-9-05
Name		Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/525,353
Filing Date	February 23, 2005
First Named Inventor	RICHARD GAPES, ET AL
Title	Transactivation And Esterification Of Fatty Acids And Triglycerides By Dispersion And Dispersion Method For The Production Of Fatty Acid Methylsters
Art Unit	
Examiner Name	
Attorney Docket Number	BALD 0101 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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☐ Practitioner(s) named below:

Name	Registration Number

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Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

☐ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.☐ Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	HANS BAUMGARTNER	Date	8.9.2005
Name		Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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